

Jewel Mullen, MD, MPH, MPA
Commission Members
State of Connecticut, Department of Public Health

RE: H.B. No.5499 (RAISED) An Act Concerning Regulations Relating to Hospice Care

I would like to present this testimony in both in person oral testimony and written form.

Good Morning Ladies and Gentlemen,

Thank you for this opportunity to appear before you concerning "Hospice Inpatient Facilities" and the request of "Regional Hospice" to be allowed to build its own hospice residence in order to offer in-patient care.

My name is Robert Tendler. I am a Registered Pharmacist and Fellow of the American Society of Consultant Pharmacists.

I would like to suggest the following revisions for H.B.5499 (a) after "pursuant to 42 USC 1395X" (line 6)

"Shall be authorized to operate a hospice FACILITY, including a hospice residence, for the purpose of providing services for terminally ill patients who are in need of hospice home care or hospice inpatient services. The hospice facility including a hospice residence, must be able to provide the following levels of hospice care: routine, general inpatient, continuous or respite.

During the last 25 years I have volunteered as the Consultant Pharmacist for Regional Hospice. I have been present at almost 1,200 interdisciplinary Team Meetings as well as over 75 meetings of the Regional Hospice Professional Advisory Committee. In addition to providing Regional Hospice with my "Pharmacist" input, I have served as their personal Notary Public by visiting patients and their families both in hospital and home settings to assist in making official end-of-life arrangements at their bedsides as well as monitoring their pharmaceutical needs.

For 25 years, I have been privileged to sit at meeting tables with Registered Nurses, Licensed Practical Nurses, Physicians, Social Workers, Aides, Care Givers, and Volunteers as this extraordinary group of people displayed the highest levels of compassion and superb quality of care.

There have been hundreds of occasions where I fielded late night and early morning calls with questions about pharmaceutical concerns of professional staff who on a daily basis deal with the pain, anxiety, and fear by their patients, patients' relatives and friends. We are here today because one of Connecticut's best managed hospice organizations now wishes to expand the scope of their quality, professional end-of-life services by offering the option of in-patient care outside of the hospital setting.

Based on my 25 years of experience serving as a Consultant Pharmacist to a hospice provider, I would like to make a comment concerning the need for an on-site Pharmacy and Pharmacist at an in-patient facility. For the last five years, I have been employed as a Consultant Pharmacist by the Omnicare Company. Omnicare is the nation's largest provider of prescription medications to patients in "Long Term Care settings"; they are also the owners of Hospice Pharmacia, this country's largest provider of prescription medication to Hospice providers. I do not see the need for an on-site Pharmacy or Pharmacist at an in-patient Hospice Residence. I believe it would force the cost of maintaining in-patient services to sky rocket without a realistic benefit to the patient.

By allowing Regional Hospice to move forward with their plan to provide a quality in-patient, non hospital facility, you would be doing the right thing for potentially hundreds if not thousands of people approaching end-of-life who would then be able to have their families and friends with them for comfort and to say goodbye. It's just not happening in the majority facilities currently available.

Twenty-five years ago, almost 90% of hospice patients had cancer diagnoses. Today, in addition to people with cancer, those with Alzheimer's, other dementias, terminal coronary artery or, chronic obstructive pulmonary disease and more exotic malignancies wish to spend their final days pain-free and close to home. You can help grant them that wish.

Thank you,

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